

14202 U.S. PTO
06/20/03

PTO/SB/50 (02-01)

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REISSUE PATENT APPLICATION TRANSMITTAL


<p>Address to:</p> <p>Mail Stop REISSUE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Attorney Docket No.</td> <td>09610.1271</td> </tr> <tr> <td>First Named Inventor</td> <td>Alan K. Schaer</td> </tr> <tr> <td>Original Patent Number</td> <td>6,251,107</td> </tr> <tr> <td>Original Patent Issue Date (Month/Day/Year)</td> <td>06/26/2001</td> </tr> <tr> <td>Express Mail Label No.</td> <td>EV 301463949 US</td> </tr> </table>	Attorney Docket No.	09610.1271	First Named Inventor	Alan K. Schaer	Original Patent Number	6,251,107	Original Patent Issue Date (Month/Day/Year)	06/26/2001	Express Mail Label No.	EV 301463949 US																	
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<p>APPLICATION FOR REISSUE OF: <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent</p> <p>(Check applicable box)</p>																												
<p>APPLICATION ELEMENTS (37 CFR 1.173)</p> <ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate) 4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate) 5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) UNSIGNED (37 C.F.R. § 1.175) (PTO/SB/51 or 52) 6. <input checked="" type="checkbox"/> Power of Attorney UNSIGNED 7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) UNSIGNED <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement UNSIGNED (PTO/SB/96) 8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table 9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies 	<p>ACCOMPANYING APPLICATION PARTS</p> <ol style="list-style-type: none"> 10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c). 11. <input type="checkbox"/> Original U.S. Patent for surrender <ul style="list-style-type: none"> <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55) 12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable) 13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable) 15. <input checked="" type="checkbox"/> Preliminary Amendment 16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 17. Other: Offer to submit original Letters Patent 																											
<p>18. CORRESPONDENCE ADDRESS</p> <p><input type="checkbox"/> Customer Number or Bar Code Label or <input checked="" type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Name</td> <td colspan="3">Edward J. Lynch</td> </tr> <tr> <td rowspan="2">Address</td> <td colspan="3">One Market Plaza</td> </tr> <tr> <td colspan="3">Spear Street Tower, Ste. 2100</td> </tr> <tr> <td>City</td> <td>San Francisco</td> <td>State</td> <td>CA</td> </tr> <tr> <td>Country</td> <td>USA</td> <td>Zip Code</td> <td>94105</td> </tr> <tr> <td></td> <td>Telephone</td> <td colspan="2">(415) 997-6110</td> </tr> <tr> <td></td> <td></td> <td>Fax</td> <td>(415) 267-6200</td> </tr> </table>		Name	Edward J. Lynch			Address	One Market Plaza			Spear Street Tower, Ste. 2100			City	San Francisco	State	CA	Country	USA	Zip Code	94105		Telephone	(415) 997-6110				Fax	(415) 267-6200
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NAME (Print/Type)	Edward J. Lynch	Registration No. (Attorney/Agent)	24,422
Signature	<i>Edward J. Lynch</i>	Date	

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17613 U.S. PTO
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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 09610.1271		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 35	Total Claims (37 CFR 1.16(j))	(B) 77	**** 57 =	x \$ 9 =	513.00	or	x \$ =	
(C) 9	Independent claims (37 CFR 1.16(i))	(D) 18	* 8 =	x \$ 42 =	336.00		x \$ =	
Basic Fee (37 CFR 1.16(h))					\$ 375.00		\$	
Total Filing Fee					\$ 1224.00	OR	\$	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ =		x \$ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ =		x \$ =	
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>13-0201</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>1224.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <p><u>6/20/03</u> Date</p> </div> <div style="text-align: center;"> <p> Signature of Applicant, Attorney or Agent of Record</p> <p><u>Edward J. Lynch, Reg. No. 24,422</u> Typed or printed name</p> </div> </div>								